

**PART B -FEE(S) TRANSMITTAL**

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71284  
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Peter C. Lauro, Esq.	(Depositor's name)
/Peter C. Lauro/	(Signature)
October 22, 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/803,329	03/18/2004	Anna N. Yaroslavsky	62045(51588)	5580

TITLE OF INVENTION: POLARIZED LIGHT IMAGING DEVICES AND METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	yes	\$755.00	\$300.00	\$1,085.00	10/22/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
J. M. Kish	3737	

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Edwards Angell Palmer & Dodge LLP
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 Peter C. Lauro, Esq.
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <u>Use of a Customer Number is required.</u>		3 George N. Chacfas, Esq.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

The General Hospital Corporation

Boston, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**

**4b. Payment of Fee(s):**

<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
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<input checked="" type="checkbox"/> Advance Order -# of Copies <u>10</u>	<input checked="" type="checkbox"/> The Director is hereby authorized by check the required fee(s), or credit any overpayment, to Deposit Account Number <u>04-1105</u>

**5. Change in Entity Status (from status indicated above)**

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the applicant identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature <u>/Peter C. Lauro/</u>	Date <u>October 22, 2009</u>
Typed or printed name <u>Peter C. Lauro, Esq.</u>	Registration No. <u>32,360</u>